

Attachment G – Bid 2109

City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program Lead Abatement Bidder/Contractor Response Form

EXPERIENCE

Company Name: _____
Address: _____
Office Phone: _____
Cell Phone: _____
FAX: _____

Number of Years Experience _____
City of Milwaukee Home Improvement License _____
State of Wisconsin Lead Certification _____

Note: Copies of Licenses and Certifications MUST be included with this application

Ownership/Governance		
Name	Type*	Signature
1.		
2.		
3.		
4.		
5.		
6.		

*Owner, Partner, Officer, Other (describe)

Crew Composition		
Name	Drivers License?	Certifications*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Note: Copies of crew certification cards and drivers' licenses must be included with this application

*Supervisor, Worker, Other (describe)

SAFETY

1) What is your percentage of passed dust wipe clearances for the performance period 1/1/07 – 12/31/07? _____

2) Provide violation data for the three year time period January 1, 2005 through December 31, 2007.

(If you have worked less than three years as your own company, answer for as long as you have worked and the timeframe here: from _____ to _____)

Violation Type	Total Number	Dates of Issue
Orders to Correct Emergency Conditions		
Milwaukee Municipal Court Convictions		
Lead abatement related violations from WI DHFS		

3) How many quarters of on time performance for clearance have you had between 1/1/07 – 12/31/07? _____

QUALITY OF WORK and TIMELINESS

1) Provide three references of lead abatement projects you have completed in the City of Milwaukee that can be reviewed by MHD and are owned by individuals who are willing to be contacted by MHD:

Property address	Owner Name	Phone Number
1.		
2.		
3.		

2) What is the average number of windows completed in a day by your company?

Vinyl Track Liners _____

Vinyl Replacement Windows _____

3) What is the average length of time you require to complete lead abatement activities in one unit, from first day of work to clearance? _____

PRODUCTION

1) How many completed (1/1/07 - 12/31/07):

a) EBL units? _____

b) Primary Prevention units? _____

2) Total subsidy received from MHD for these efforts (1/1/07 - 12/31/07)? _____

3) Can this volume be maintained or increased in the next 12 months? (explain)

4) Please describe the following:

Production Criteria	Response (may be written here or attached)
Please provide evidence of your ability to perform the Milwaukee jamb liner treatment in accordance with the City of Milwaukee Health Department Specifications.	
Please provide evidence of your ability to complete at least five (5) windows per day performing the Milwaukee jamb liner treatment.	
Please provide evidence of your ability to complete at least ten (10) windows per day installing vinyl replacement windows.	

Company: _____

Signature: _____ Date: _____

Printed Name: _____